

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 15 1998 8:00am
Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham , Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 197000002390 1. Corporation Name ENRIQUEZ FOUNDATION, INC.					
Principal Place of Business 3350 N. Riverside Drive INDIALANTIC, FLA			Mailing Address 32903-4418		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified April 29, 1997	
21		26		4. FEI Number 59-344792	☒ Applied For ☐ Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	
23		28			
Zip	Country	Zip	Country		
24		29			
9. Name and Address of Current Registered Agent William D. Mitchell, Esq. 201 EAST KENNEDY BLVD. Suite 300 TAMPA, FLA 33602				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	1.1 TITLE ☐ DELETE				
NAME	1.2 NAME				
STREET ADDRESS	1.3 STREET ADDRESS				
CITY-ST-ZIP	1.4 CITY-ST-ZIP				
TITLE	2.1 TITLE ☒ Change ☐ Addition				
NAME	2.2 NAME				
STREET ADDRESS	2.3 STREET ADDRESS				
CITY-ST-ZIP	2.4 CITY-ST-ZIP				
TITLE	3.1 TITLE ☒ Change ☐ Addition				
NAME	3.2 NAME				
STREET ADDRESS	3.3 STREET ADDRESS				
CITY-ST-ZIP	3.4 CITY-ST-ZIP				
TITLE	4.1 TITLE ☐ Change ☐ Addition				
NAME	4.2 NAME				
STREET ADDRESS	4.3 STREET ADDRESS				
CITY-ST-ZIP	4.4 CITY-ST-ZIP				
TITLE	5.1 TITLE ☐ Change ☐ Addition				
NAME	5.2 NAME				
STREET ADDRESS	5.3 STREET ADDRESS				
CITY-ST-ZIP	5.4 CITY-ST-ZIP				
TITLE	6.1 TITLE ☐ Change ☐ Addition				
NAME	6.2 NAME				
STREET ADDRESS	6.3 STREET ADDRESS				
CITY-ST-ZIP	6.4 CITY-ST-ZIP				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE ☐ Change ☐ Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE ☒ Change ☐ Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE ☒ Change ☐ Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE ☐ Change ☐ Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE ☐ Change ☐ Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE ☐ Change ☐ Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: Mary Enriquez Secretary Treasurer 3/26/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/97)